

**North Carolina Division of Mental Health, Developmental
Disabilities and
Substance Abuse Services**

**Complaints Received By
Local Management Entities**

**State Fiscal Year 2009-2010
3rd Quarter
(1/1/10 to 3/31/10)**

Prepared by

**Customer Service and Community Rights Team
Advocacy and Customer Service Section**

Executive Summary

North Carolina Administrative Code (10A NCAC 26G.7001-7003) requires that all Mental Health, Developmental Disabilities and Substance Abuse Local Management Entities (LMEs) utilize standardized complaint response and complaint reporting procedures regarding services provided in their catchment areas. These rules state that LMEs are required to receive, review, appropriately respond and report complaints regarding any mental health, developmental disability and/or substance abuse service. This requirement includes complaints regarding all facilities licensed under NC General Statute 122C-Article 2 (except hospitals), unlicensed community-based services and LME services. For the purpose of this report and LME data collection, we define *complaints* as “any expression of dissatisfaction.”

This report includes aggregate statewide data and does not include data for each individual LME¹. A short caveat: It is difficult to interpret with certainty the reasons for variability in complaint rates among LMEs. A higher number of complaints may be a result, for example, of increased education for consumers, families and providers about consumer rights, the complaint rule and/or empowerment efforts to encourage the reporting and resolution of complaints. In fact, it is expected that aggregate data in future reports will likely show increases in the number of complaints reported to the LMEs due to public awareness and consumer education activities. Therefore, LME data comparisons are problematic.

These data, however, are very useful to local planners and policy groups. LME complaint data are utilized at the local level to inform management of trends that may justify further action or indicate an issue in their catchment area. Many LMEs report data trends to their Client Rights Committees, Board of Directors, Quality Management and Area Directors to ensure an expedient response to potential areas of concern. LMEs look at complaint patterns to identify opportunities for quality improvement and provide technical assistance when needed to ensure that appropriate action is taken. For example, LME staff may initiate an investigation or a provider review as a result of an individual complaint. Importantly, LMEs also provide this information to local Consumer Family Advisory Committees (CFACs) for their review and recommendations to respective LMEs.

¹ LME data are available upon request. Please contact Cindy Koempel or Tracy Ginn at (919) 715-3197 or e-mail Cindy.Koempel@dhhs.nc.gov.

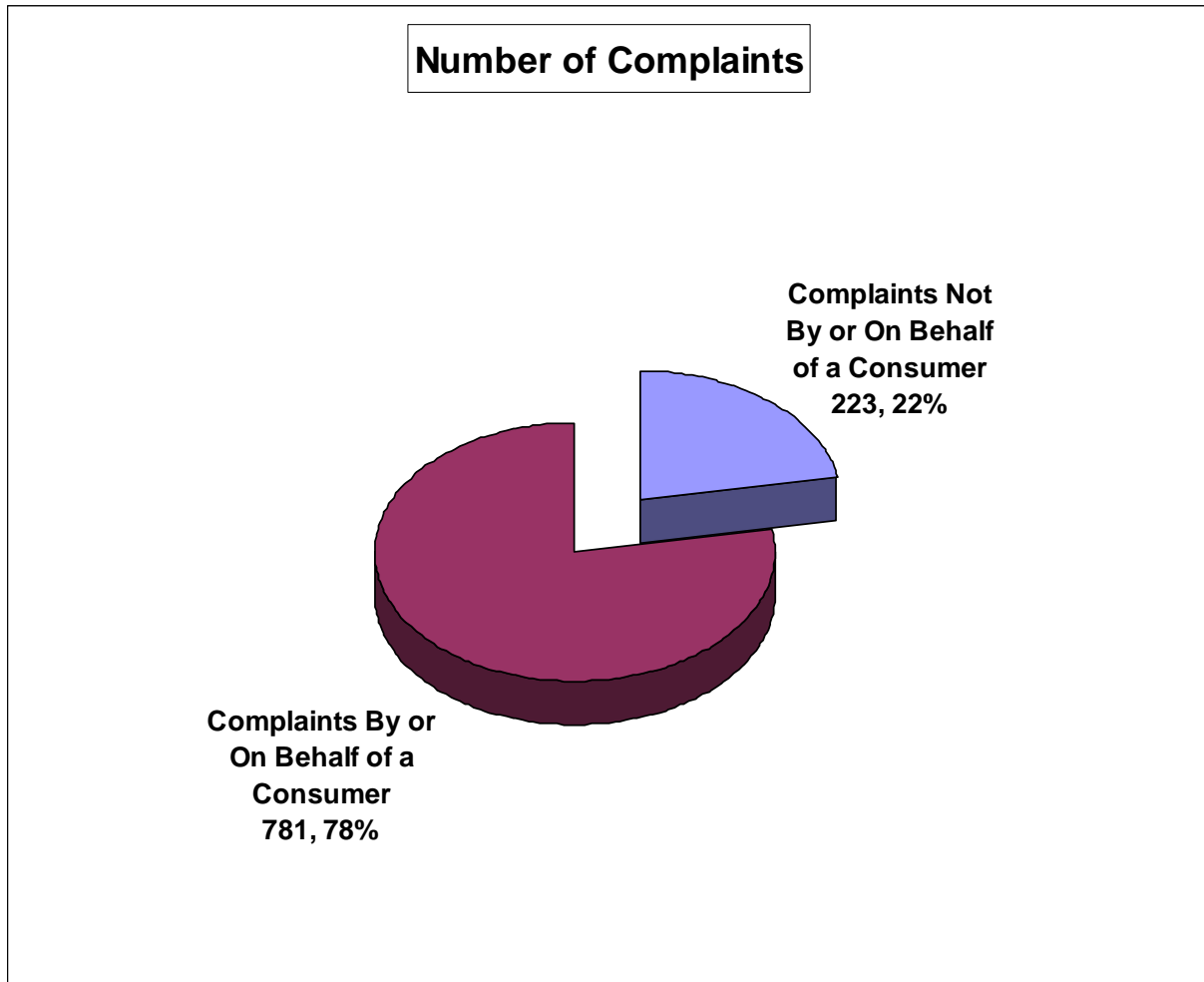
State Fiscal Year (SFY) 09-10 3rd Quarter Complaint Data Highlights:

- A total of 1004 complaints were made to LMEs between January 1, 2010 and March 31, 2010. Seven hundred eighty-one (78%) of the complaints received were filed by or on-behalf of a consumer and 223 (22%) of the complaints received were not filed by or on behalf of a consumer because the issue did not directly involve a particular individual.
- Consumers filed 234 (24%) and parents/guardians filed 185 (18%) of the complaints during this quarter, accounting for 42% of the complaints reported statewide. Providers initiated 185 (18%) of the complaints.
- Four hundred and seventy-nine (61%) of the 781 complaints related to consumers were filed regarding an adult and 223 (29%) were filed by or on behalf of a child or adolescent. Four hundred and twenty-nine (54%) of the consumers involved had a mental health diagnosis, 119 (15%) had a developmental disability diagnosis, 106 (14%) had multiple disabilities and 29 (4%) had a substance abuse diagnosis.
- Four hundred and forty-one (44%) of the complaints were related to quality of care, 98 (10%) involved service coordination between providers and 92 (9%) related to access to services.
- During the third quarter of FY 2009–2010, Community Support Services (Team, Adult and Child) represented 287 (28%) of the total complaints, developmental disabilities services represented 119 (11%) and residential services represented 116 (11%) of the total complaints.
- Two hundred and thirty (23%) of the complaints resulted in an investigation by the Local Management Entity, the Division of Health Service Regulation, the Department of Social Services or the Division of Mental Health, Developmental Disabilities and Substance Abuse Services.
 - Of the two hundred and thirty complaint investigations that took place, 134 (56%) were not substantiated, 61 (26%) were substantiated and 28 (12%) were partially substantiated.
 - One hundred and thirty-two (58%) of the complaints that were investigated required no further action, 60 (26%) required a corrective action plan and 24 (10%) resulted in recommendations to the provider.
- Seven hundred and seventy-four (77%) of the complaints this quarter did not require an investigation.
 - Of these, 456 (58%) were resolved by working with the provider, 239 (31%) were resolved by providing technical assistance to complainants and 46 (6%) were resolved by mediation.

- Nine hundred and seventy-four (97%) of the total complaints this quarter were resolved and brought to administrative closure. A complaint is considered resolved when the complainant accepts the outcome, withdraws the complaint or when no further action can be taken by the LME.
- The final dispositions for 941 (94%) of the total complaints this quarter occurred at the LME level.
- Nine hundred and fifteen (91%) of the complaints this quarter were resolved within 30 days of receipt of the complaint.

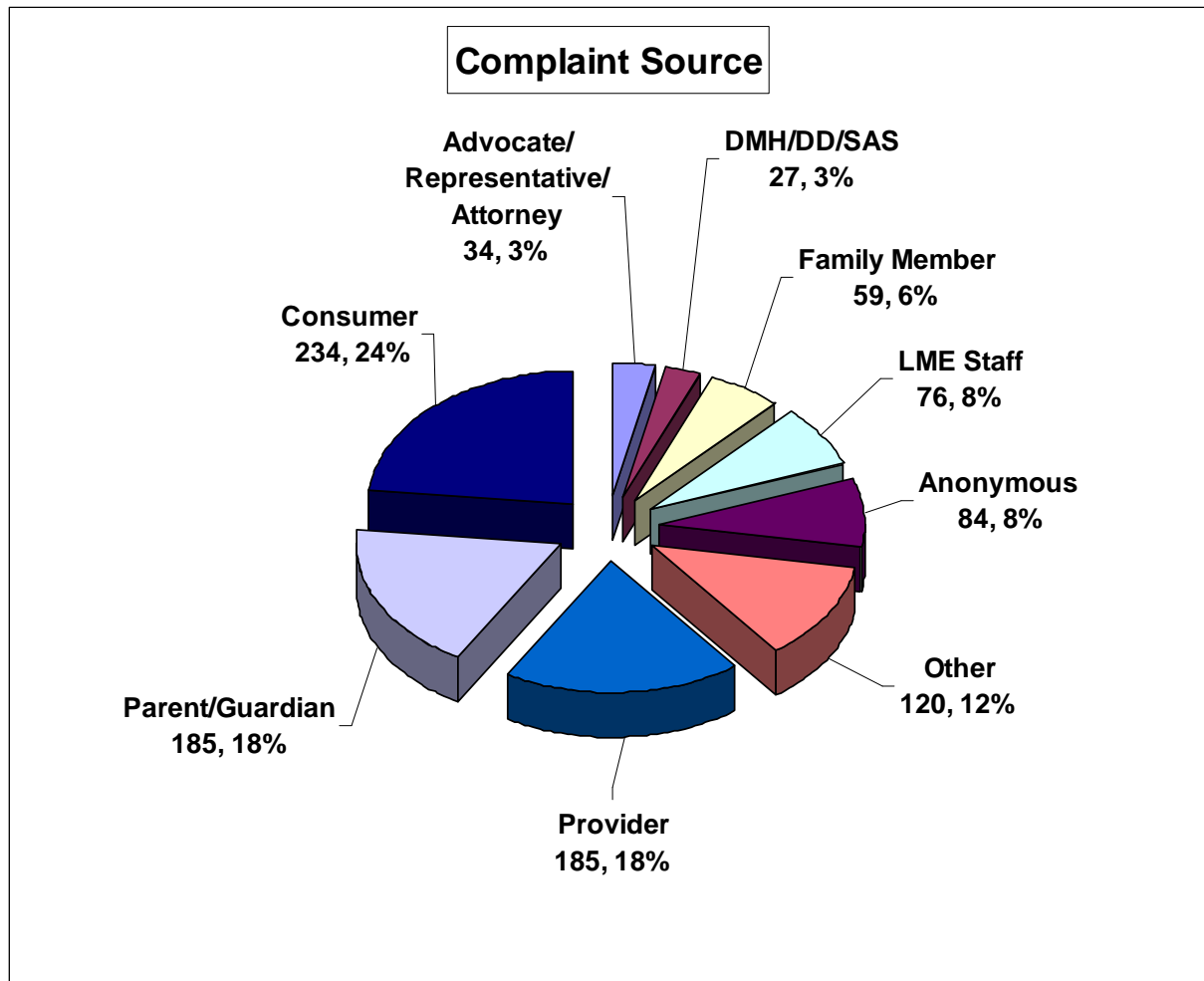
Total Number of Complaints

LMEs received a total of 1004 complaints from January 1, 2010 to March 31, 2010. Seven hundred and eighty-one (78%) of the complaints received were by or on behalf of a consumer and 223 (22%) were not by or on behalf of a consumer.



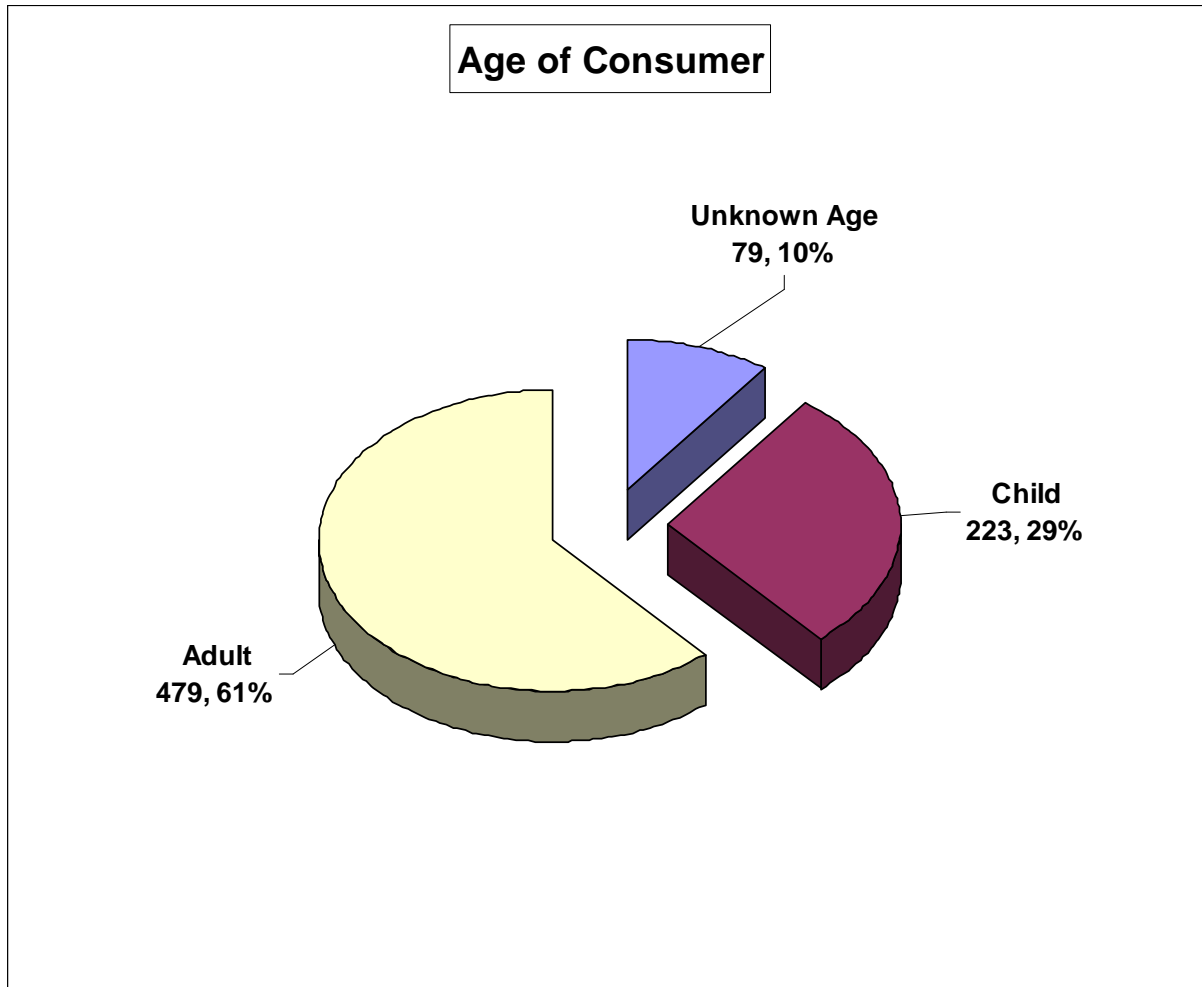
Complaint Source

Consumers filed 234 (24%) of the complaints and parents/guardians filed 185 (18%) of the complaints to LMEs this quarter. One hundred and eighty-five (18%) of the complaints were initiated by providers. Fifty-nine (6%) were filed by family members other than parents/guardians. The chart below illustrates the remaining contact sources for this quarter.



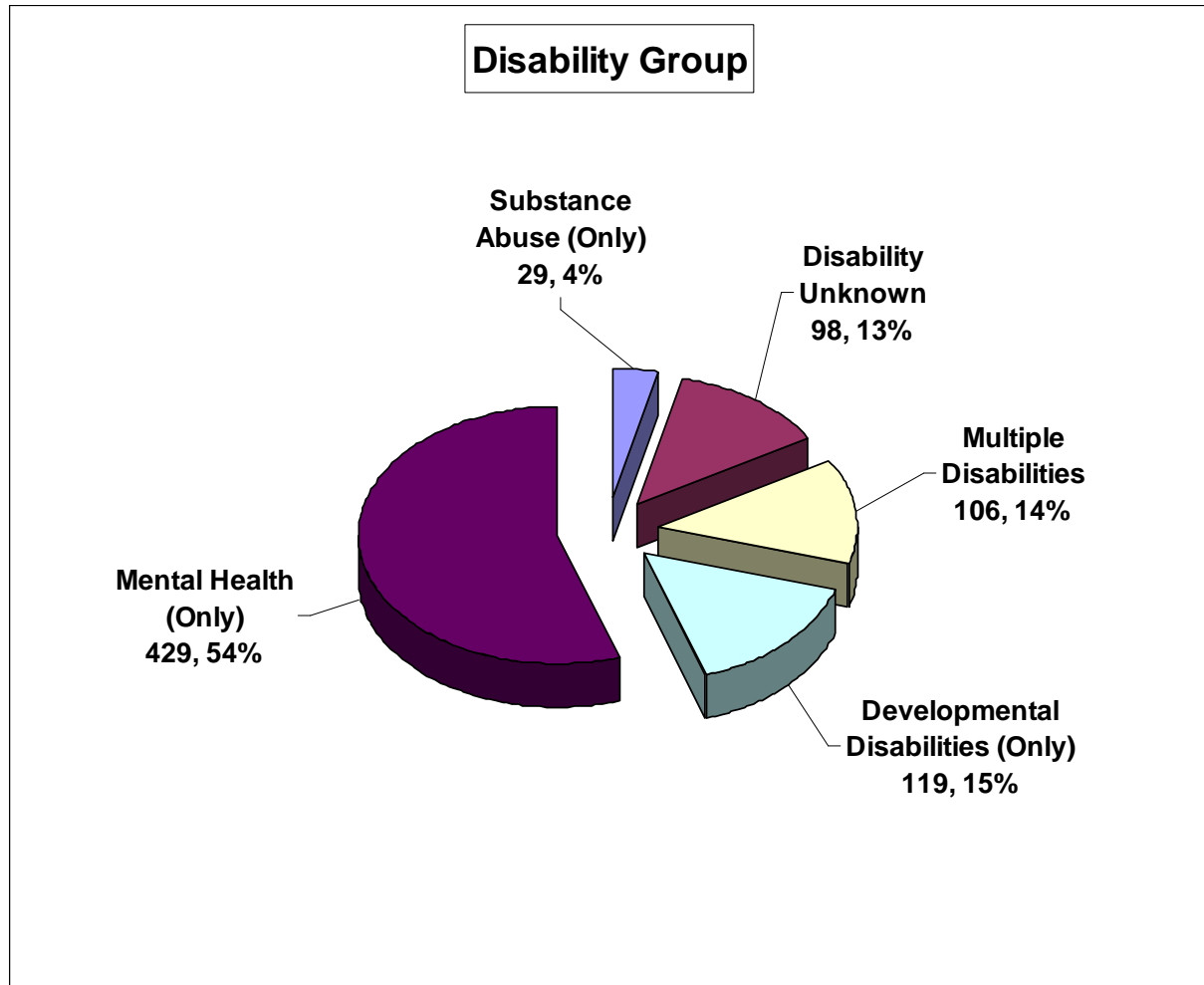
Complaints By Or On Behalf of a Consumer:
Consumer's Age Group

Statewide, 781 complaints were filed by or on behalf of a consumer from January 1, 2010 to March 31, 2010. Four hundred seventy-nine (61%) were filed about adult services (age 18 or over), 223 (29%) were filed about children's services (age 0-17) and for 79 (10%) of the complaints did not reference a specific age group.



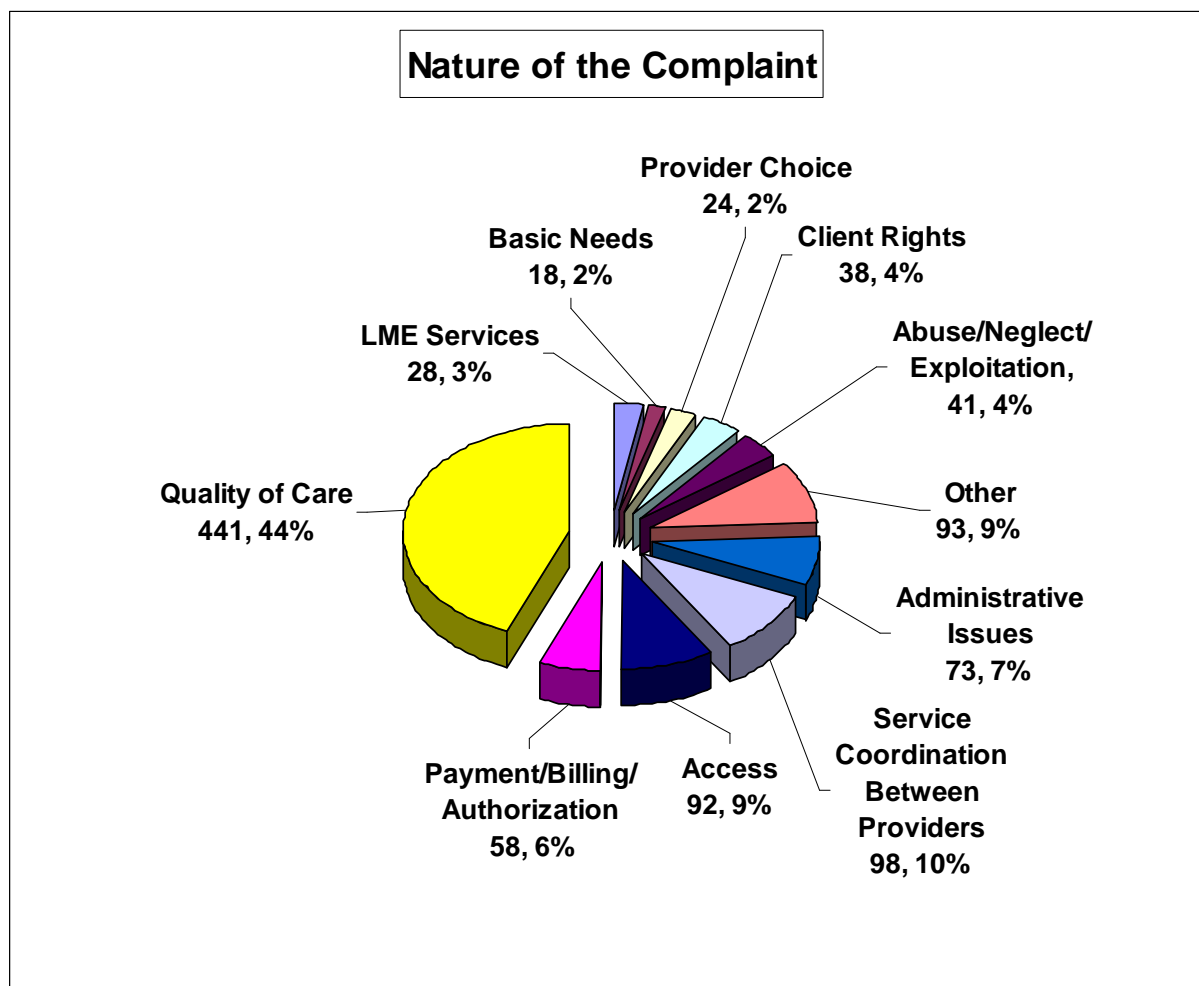
Complaints By Or On Behalf of a Consumer:
Consumer's Disability Group

Four hundred and twenty-nine (54%) of the complaints involved a consumer with a mental health diagnosis, 119 (15%) involved consumers who had a developmental disability diagnosis, 106 (14%) involved consumers with multiple disabilities, 29 (4%) involved consumers with a substance abuse diagnosis.



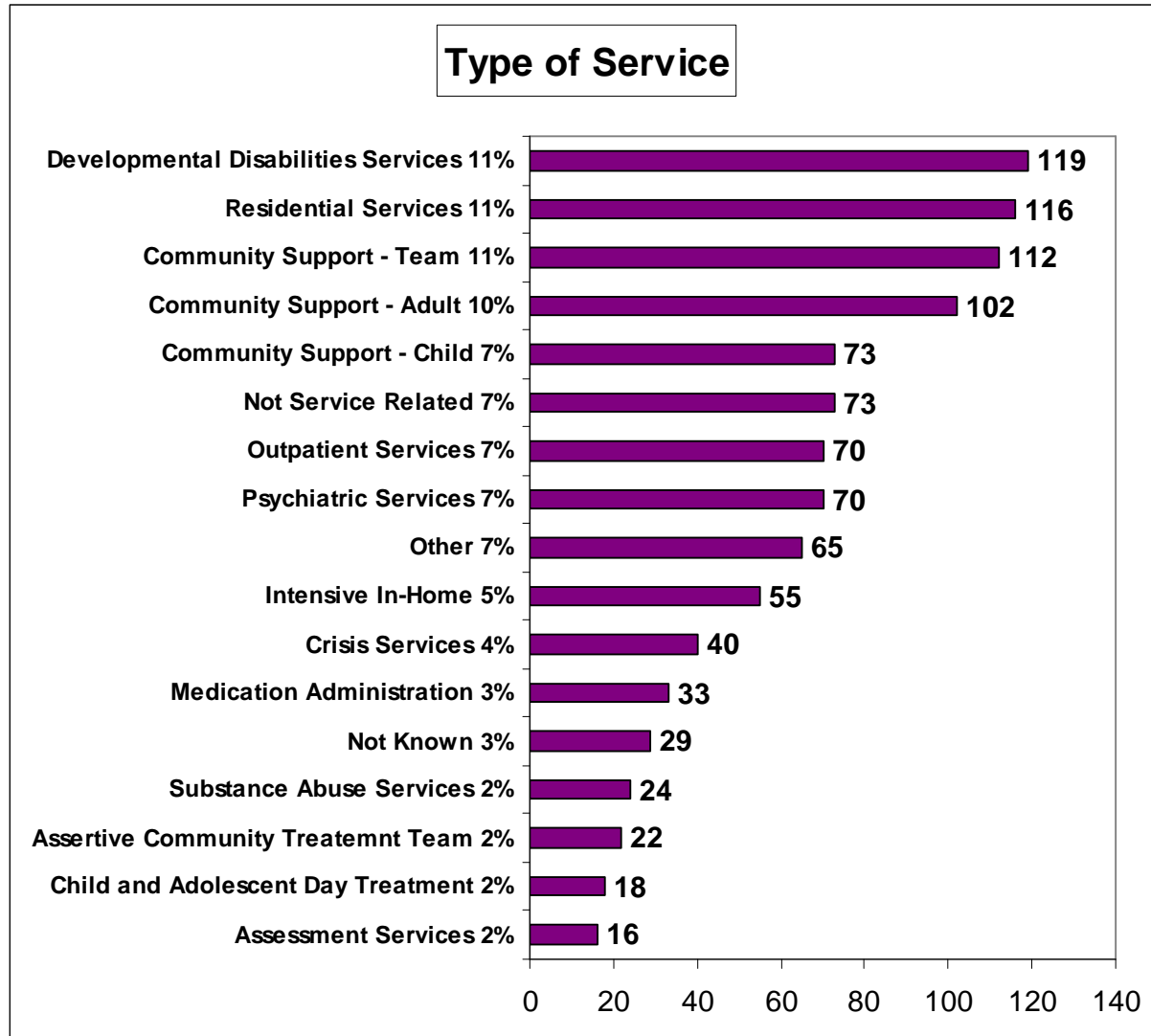
Primary Nature of the Complaint

The issues associated with the complaints are categorized in the graph below. Four hundred and forty-one (44%) of the complaints were related to quality of care, 98 (10%) involved issues with service coordination between providers and 92 (9%) related to access to services.



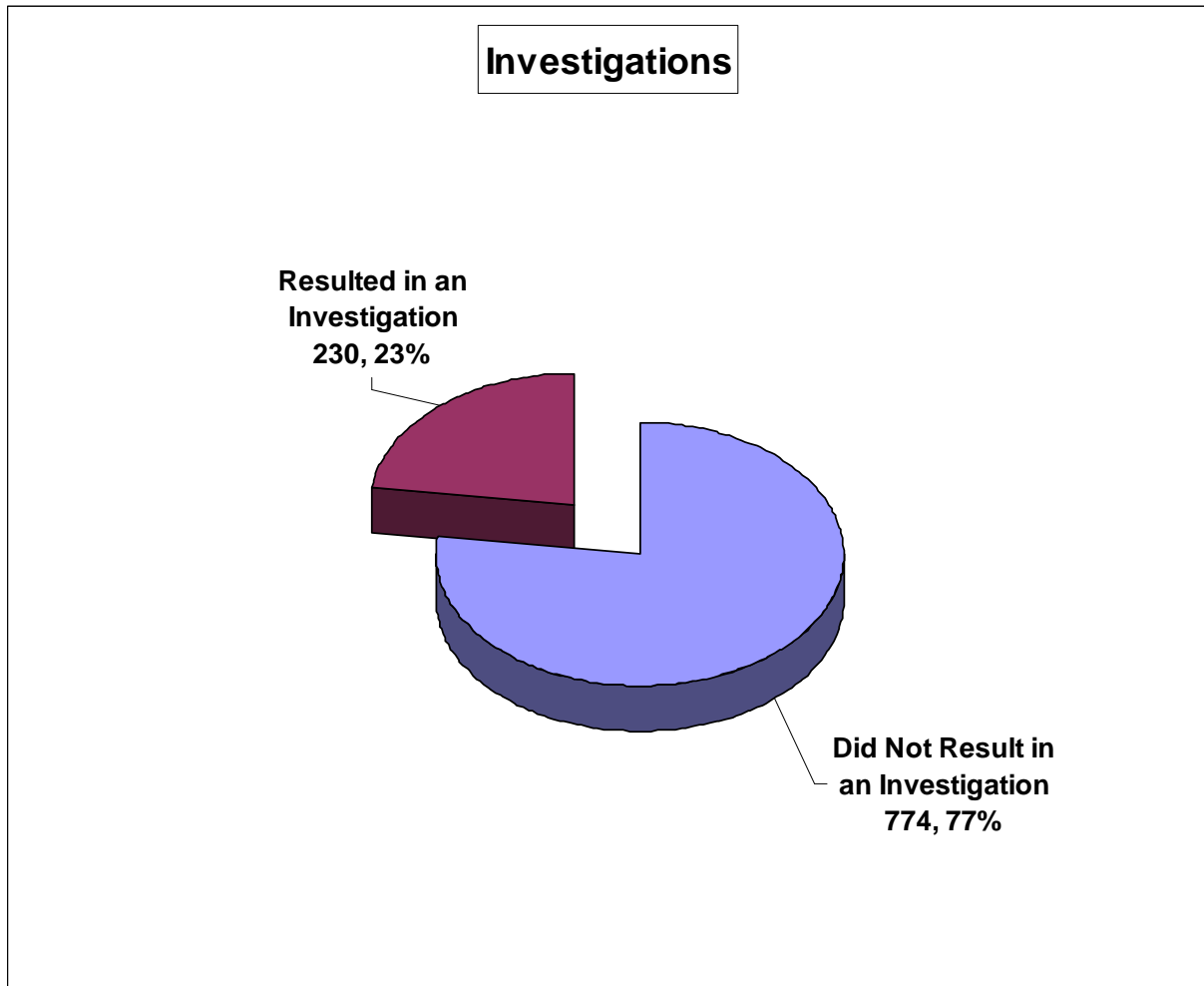
Type of Service Associated with the Complaints

Community Support services (Team, Adult and Child) accounted for 287 (28%) of the complaints this quarter. Developmental Disabilities services were associated with 119 (11%) of the total complaints this quarter. Residential services accounted for 116 (11%) of the total complaints.



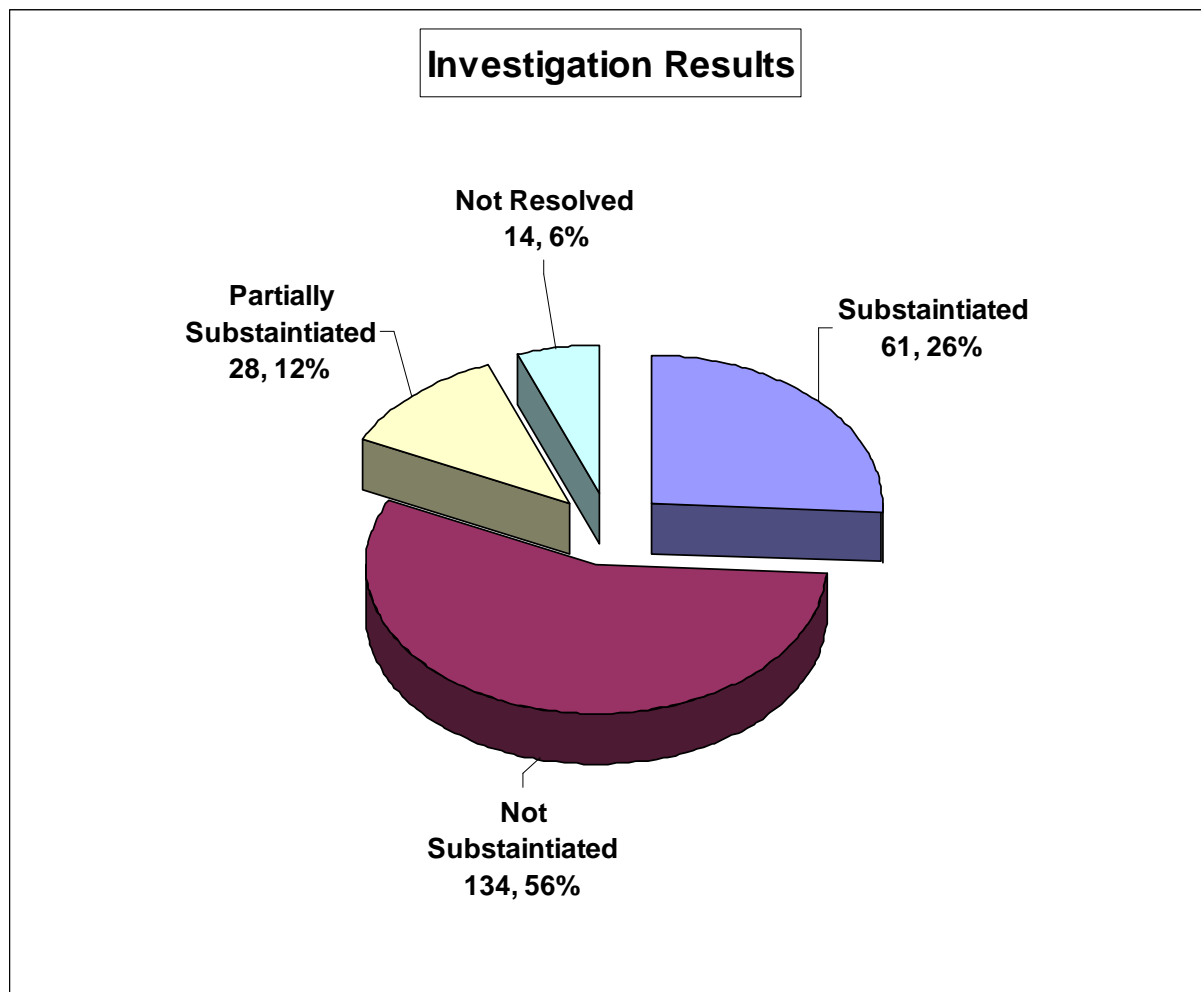
The Number of Complaints that Resulted in an Investigation

Statewide, LMEs received a total of 1004 complaints from January 1, 2010 to March 31, 2010. Two hundred and thirty (23%) of the complaints resulted in an investigation by the Local Management Entity, the Division of Health Service Regulation, the Department of Social Services or the Division of Mental Health, Developmental Disabilities and Substance Abuse Services. The remaining 774 (77%) of the complaints did not result in an investigation.



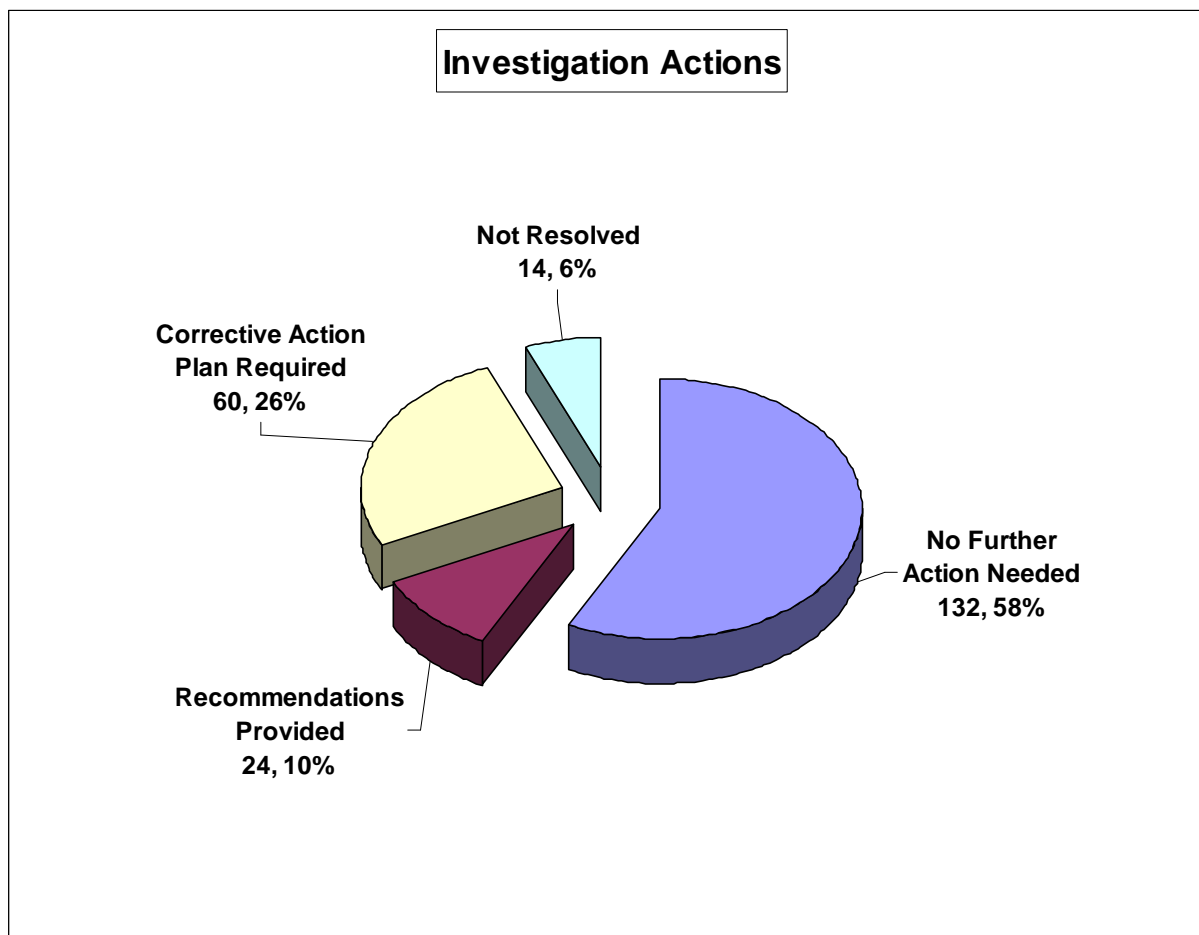
Complaint Investigation Results

Statewide, of the 230 complaints that were investigated during the third quarter, 134 (56%) were not substantiated, 61 (26%) were substantiated and 28 (12%) were partially substantiated.



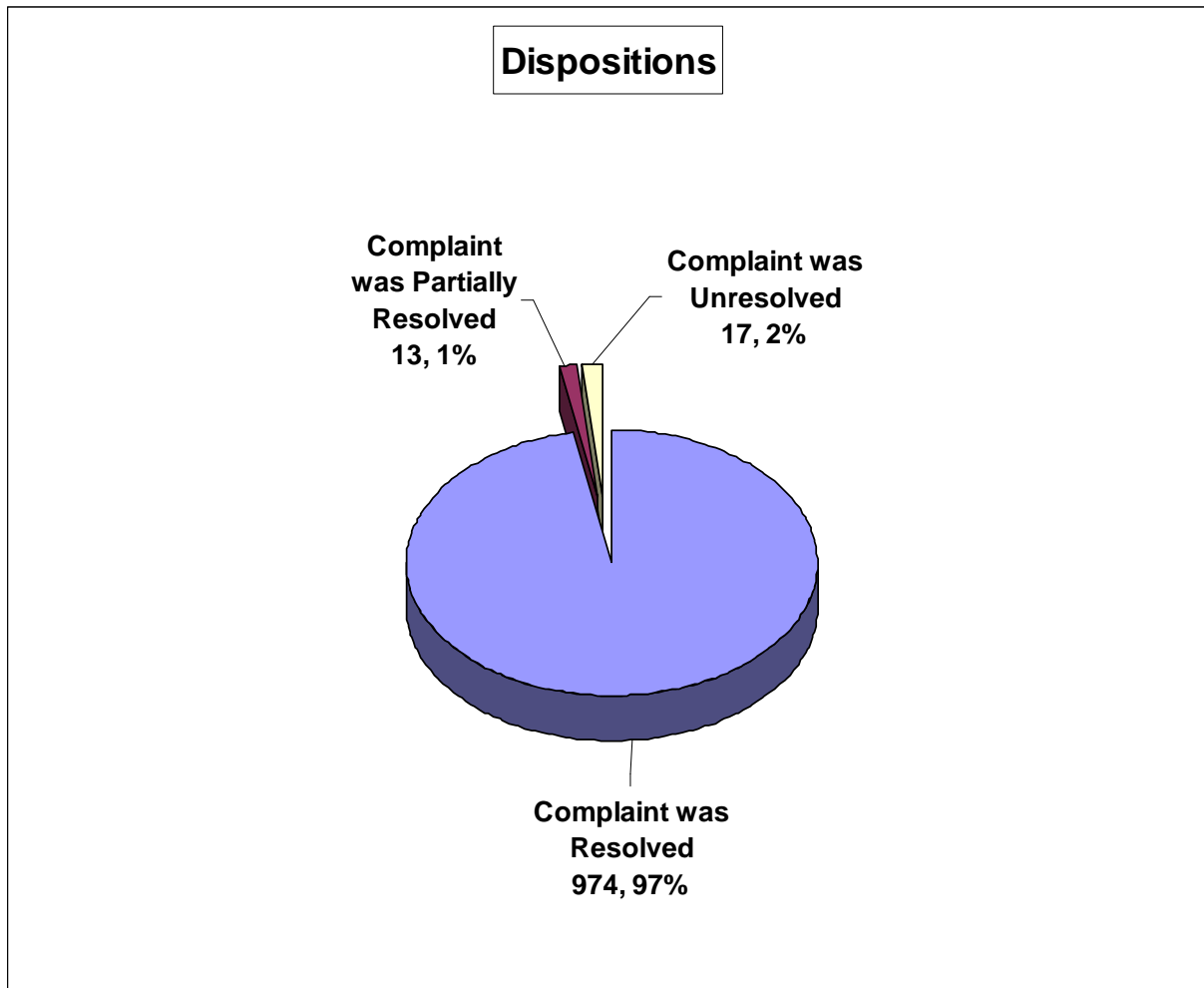
Actions Following the Investigations

During this quarter, one hundred and thirty-two (58%) of the complaints investigated resulted in no further action needed. Sixty (26%) of the complaint investigations resulted in a corrective action plan from the provider and 24 (10%) resulted in recommendations to the provider.



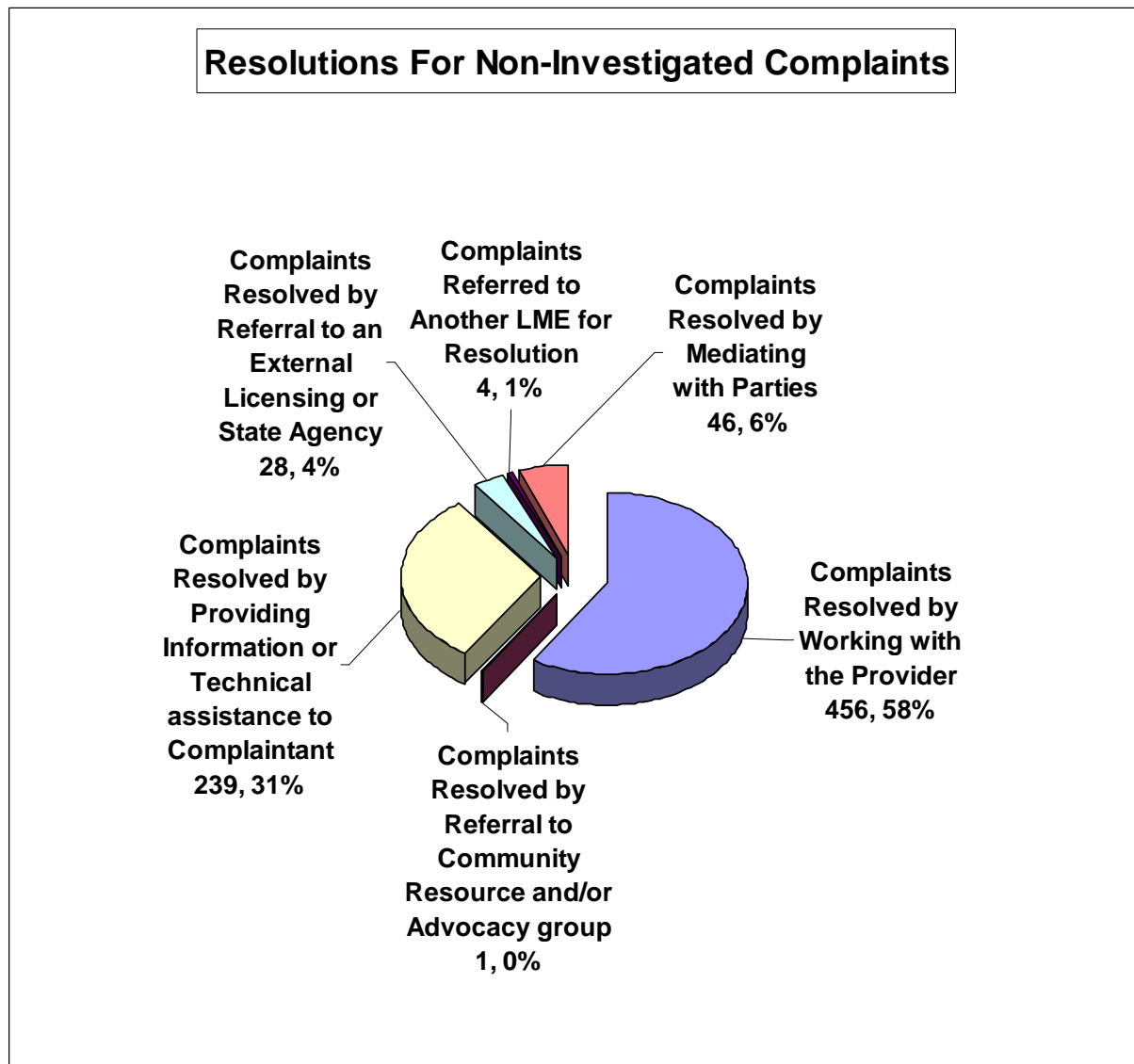
Final Disposition for all Complaints

Statewide, of the total number of complaints that were received by LMEs during this quarter, 974 (97%) were resolved, 13 (1%) were partially resolved and 17 (2%) were unresolved.



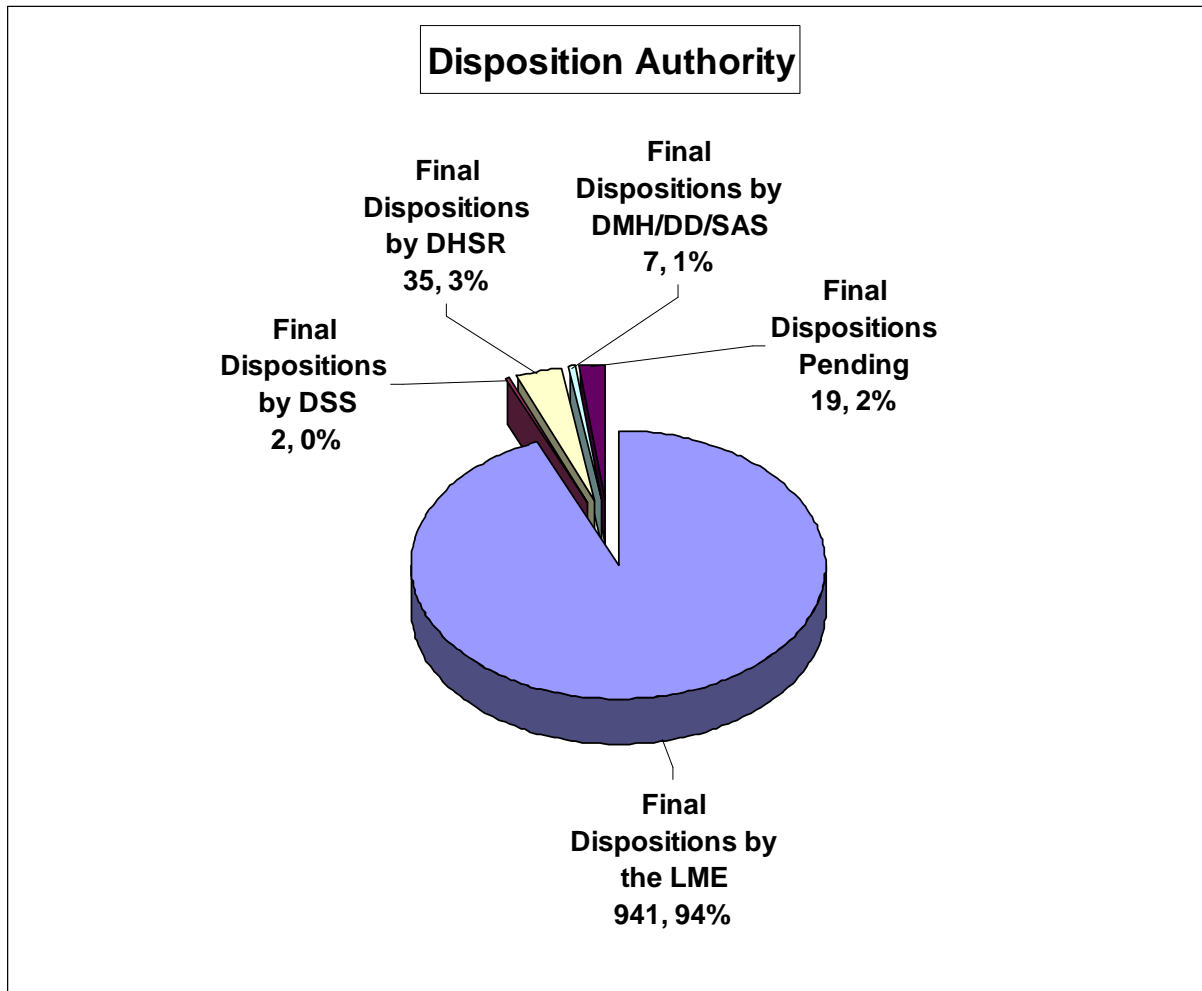
Resolution for Non-Investigated Complaints

Seven hundred and seventy-four complaints during this quarter were resolved without an investigation. Over half of these complaints, 456 (58%), were resolved by working with the provider. Two hundred and thirty-nine (31%) were resolved by providing technical assistance to the complainants, 46 (6%) were resolved by mediating between the parties and 28 (4%) were resolved by referral to an external licensing or state agency.



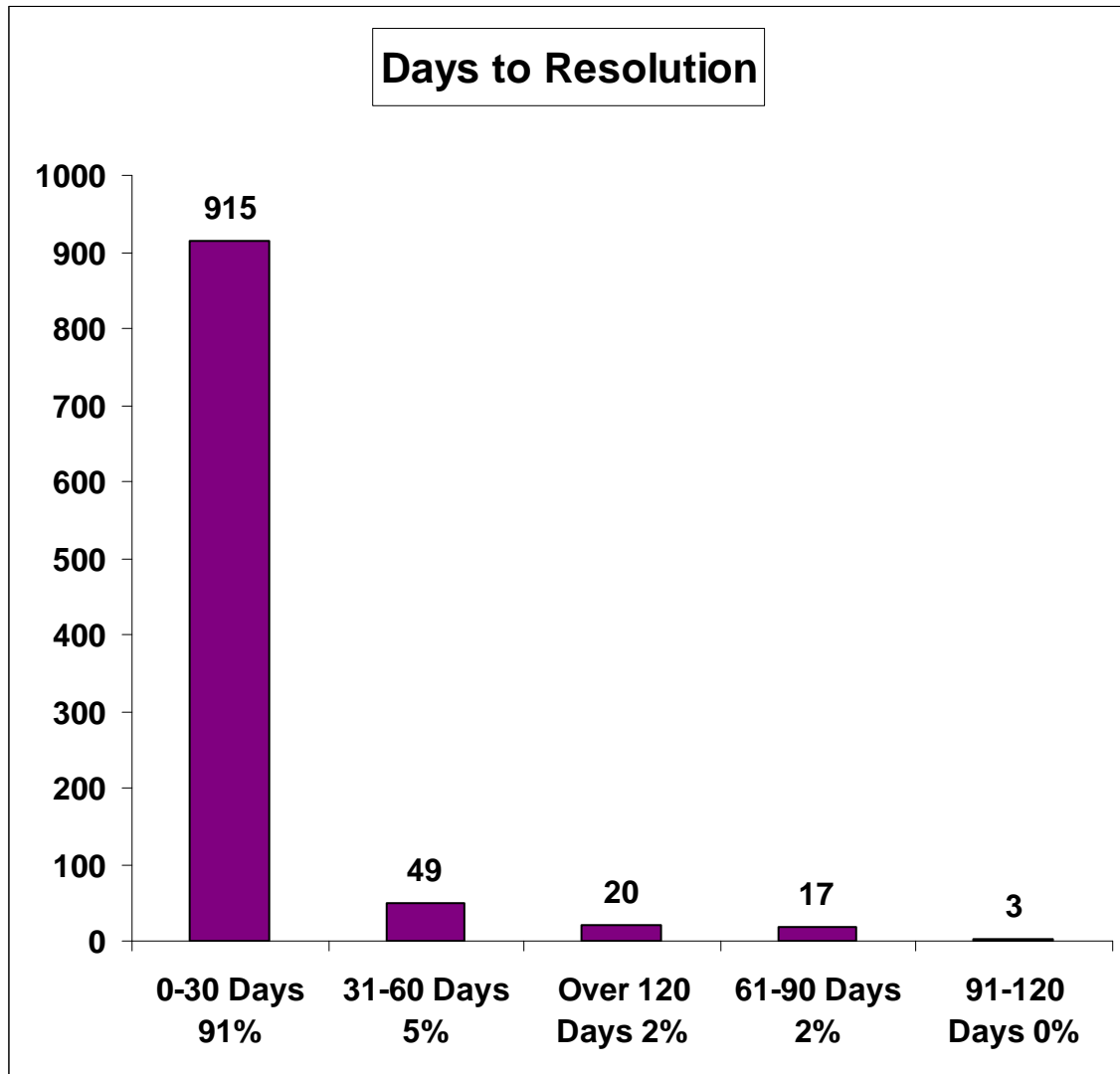
Final Disposition Authority for all Complaints

Nine hundred and forty-one (94%) of the final dispositions were by the LME. Thirty-five (3%) of the final dispositions were by the Division of Health Service Regulation (DHSR), 19 (2%) were pending at the time of the report, 7 (1%) were by Division of Mental Health, Developmental Disabilities and Substance Abuse Services (DMH/DD/SAS) and 2 (0%) were by the Department of Social Services (DSS).



Number of Days to Resolution

Nine hundred and fifteen (91%) of the complaints received during this quarter were resolved within 30 days of receipt of the complaint. When complaints require more than 30 days to resolve, they usually are reported to DMH/DD/SAS, DHSR, DSS or another licensing or state agency for investigation and require extended time frames for a resolution at the LME level.²



² Initial data collection occurs during the quarter. However, the final report data is submitted to DMH/DD/SAS 5 months after the end of the quarter to allow more time to resolve the complaints. The added time period provides an accurate picture of resolution and final disposition for all complaints initiated during the quarter.